

2007.407-T 230302
~~2001-110-T~~

CLASS C AMENDMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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CLERK'S OFFICE

DATE: 6-9-11

I have the following Certificate:

- ☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☒ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change**

From: _____ DBA: _____
(Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
(New Name) (New DBA if applicable)

☒ **Scope of Authority**
From: Richland and Lexington To: The State of South Carolina
(Current Scope) (New Scope)

☒ **Passenger Limit**
From: 05 To: 15
(Current Limit Number) (New Limit Number)

Carter Transportation
Name & DBA if DBA is applicable)

14 Canillon Court
(Street and/or Mailing Address)

Columbia SC 29204
(City, State, Zip Code)

K. S. Carter
(Signature)

803. 782. 6560
(Telephone Number)

Owner
(Title) Owner, President, etc.